



STATE OF WASHINGTON APPLICATION TO ENTER A WATER RIGHT INTO THE TRUST WATER RIGHT PROGRAM



NOTE: THIS FORM IS **ONLY** TO BE USED FOR THE
ACQUISITION OF WATER INTO THE TRUST WATER RIGHT PROGRAM

(Check all that apply.)

- ☐ Lease
☐ Purchase
☐ Donation
☒ Other

Explain: Temporary transfer of water right

☒ Portion of the identified existing water right

IF FOR SEASONAL OR TEMPORARY, START DATE 09 / 01 /2012
END DATE 10 / 31 /2013

FOR OFFICE USE ONLY	
FILE No. <u>C64-bwc03012</u>	WRIA <u>44</u>
DATE ACCEPTED <u>09 / 17 / 2012</u>	BY <u>S</u>
FEE \$ <u>0</u>	REC'D <u>08 / 09 / 2012</u>
CHECK No. <u>0</u>	
SEPA: <input type="checkbox"/> Exempt <input type="checkbox"/> Not exempt	

*
*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)**

1. Applicant Information:

APPLICANT/BUSINESS NAME Douglas Merriman	PHONE NO. (509) 784-1577	FAX NO. ()
ADDRESS 141 Weimer Rd		
CITY Orondo	STATE WA	ZIP CODE 98843

CONTACT NAME (IF DIFFERENT FROM ABOVE) Marc Marquis	PHONE NO. (509) 679-0337	FAX NO. ()
ADDRESS Peterson & Marquis 1227 First St		
CITY Wenatchee	STATE WA	ZIP CODE 98801

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER G4-03535CWRIS <u>GW03012</u>	RECORDED NAME(S) E.L. Weimer and G.N. Weimer
DO YOU OWN THE RIGHT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ARE WATER DIVERSIONS/WITHDRAWALS OF THIS WATER RIGHT METERED OR MEASURED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IMPORTANT! PROVIDE INFORMATION SHOWING THE EXTENT OF WATER USE FOR EACH OF THE LAST FIVE YEARS	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

64-03535CWRIS	FOR OFFICE USE ONLY	03535 03359 03012
WATER RIGHT NO. _____ FILE (contract) NO. _____		

C64 bwc 03012

3. How is Water to be Made Available for Trust?

<input type="checkbox"/> Alteration in method of diversion	<input type="checkbox"/> Alteration in water use/ irrigated acreage
<input type="checkbox"/> Alteration in method of delivery/conveyance	<input type="checkbox"/> Nonuse of one or more points of diversion
<input type="checkbox"/> Alteration in method of water application	<input checked="" type="checkbox"/> Nonuse of all or a portion of the named water right
<input type="checkbox"/> Alteration in type of crop	<input type="checkbox"/> Other, Explain below:
Name of funding source(s):	

WATER RIGHT DESCRIPTION *

4. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
well			Gov Lot 3	16	26	21	26211610002	

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

5. Purpose of Use:

A. Existing Use of the Water Right

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation & Domestic Supply	380gpm	152af	April 1-Oct 31 st Continuous Domestic

B. Proposed Purpose of the Trust Water Right:

DESCRIBE THE PURPOSE(S) OF USE DURING THE PERIOD OF TRUST:	
PURPOSE OF USE	ACRE-FEET/YR
Irrigation & Domestic Supply	129.2af
Temporary transfer to trust	22.8af

6. Place of Use:

A. Existing:

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
Gov Lot 3 Sec. 16, T26N, R21 EWM							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
	Gov Lot 3	16	26	21	Douglas	26211610002	38
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? X YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

* If additional space is needed, please continue on the form: Attachment for Application to Enter a Water Right into the Trust Water Right Program.

6. Place of Use (continued)

B. Proposed:

IDENTIFY THE WATER BODY TO BE BENEFITED OR OTHER PLACE TO BE BENEFITED
Columbia River

7. Remarks and Other Relevant Information:


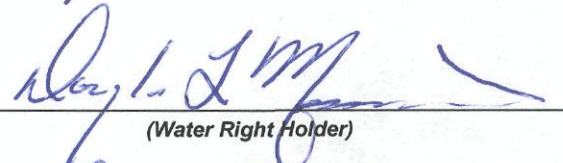
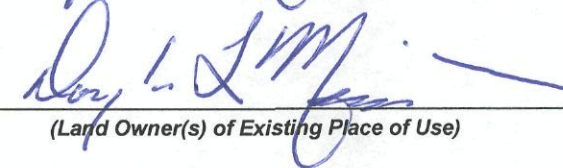
Transition in land use has taken 5.8 acres out of production. Applicant Requires additional time to redevelop property.

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

8. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I hereby grant staff from the Department of Ecology access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

 (Applicant)	<u>8 / 5 / 2012</u> (Date)
 (Water Right Holder)	<u>8 / 5 / 2012</u> (Date)
 (Land Owner(s) of Existing Place of Use)	<u>8 / 5 / 2012</u> (Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):	
<input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED	<input type="checkbox"/> SECTION _____ IS INCOMPLETE
<input type="checkbox"/> OTHER/EXPLANATION: _____	
STAFF: _____	DATE: ____/____/____